M	ISSOL	JKI	DI.	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-62-02	1524
DO NOT WRITE	.M TMEN	NDED	i	•-1' ⁸	egistration District No317_Primary Registration District No541_Registrar's No/346	STATE FILE NU	JMBER
ON THIS STUB	AME	MUEU		=	FILED MAY 2 1 1962	and the desirate at	6
VS 300	<u> </u>					DUNTY St. Louis	
Rev. 4/59	9			_	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR		Inside Limits
	AMENDED			l _	TOWN Clayton 5 hrs. TOWN Maplewood		YeX D No D
1400.2	اسا			_	HOSPITAL OD I IS ADDRESS	cutside, give location)	Reside on Farm
24604	PAO			_	institution St. Louis County Hospital Yes No 7217 Brund	Ave.	Yes D No 🕰
3			1		NAME OF DECEASED First Middle Lest 4. DATE (Type or print) OF	Month Day	Year
4 0				_	JUHN NMI SPIESZ DEATH	April 30	-
5 /				'	6. COLOR OR RACE Male 6. COLOR OR RACE 7. Married IN Never Married 8. DATE OF BIRTH 9. AGE (lest 5-18-1881, 77)	birthday) IF UNDER 1 YEAR Months Days	R IF UNDER 24 HR Hours Min.
				70	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or	country) 12. CITIZEN OF	WHAT COUNTRY
6	≨	1 1	1	_	Retired Carpenter Construction Austria	USA	
72	FOLLOW			13		AME OF HUSBAND OR WIFE	
82-1	1. 1				Unknown Elizabeth Unknown Mary WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECURITY NO. 17. INFORMANT	Ehrenhoefer S	ppresz
0.5-434	KE AS				es, no, or unknown) (If yes, give wer or dates of service No No Mary Spiesz, at		
10	¥		Ż		18. CAUSE OF DEATH (Enter only one cause per line figure 1) PART I. DEATH WAS CAUSED BY:	IN O	NTERVAL BETWEEN
	S S		JME		IMMEDIATE CAUSE (a) andial tailine, acid	e	/ pay (
11	KECUKD EAD OF		DOCUMEN		Conditions, if any, 1 DUE TO (b) Peritoritio acute		(han v
244	INSTE		ΙĪ		which gave rise to above cause (a),		/ 1/()
13			1		stating the under- lying cause last. DUE TO (c)		
[5			õ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		was female wa
	<u> </u>			CAT	,	☐ Yes ☐	No Unknow
	JWE			CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PERFORMED? YES NO	finjury in PART I or PART II	l of item 18.)
ON AMENDMENTS	NEW			CAL C	20c. TIME OF. Hou Month, Day, Year		
RIBBON	₹			MEDI	INJURY a.m. ; p.m.		•
			1	•	20d. INJURY OCCURRED WHILE AT WORK [7] 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION form, factory, street, office bldg., etc.)	COUNTY	STATE
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		-			WHILE AT WORK farm, factory, street, office bldg., etc.)	- 4/30/	1/2/
₹5世	READ				21. I attended the deceased from 430/6/ and last saw him all	live on	
H & W					Death occurred at	f my knowledge from the c	auses stated.
USE BLACK INK OR TYPEWRITER RIBBOI	SHOULD		i OF		22a. SIGNATURE (Degree of ville) 22b. ADDRESS (MS (-llatol V	22c. DATE SIGNE
-	\vdash	\vdash	 ≥	23	AFRICAL IC 1250	(City, town, or county)	(State) 6
	Š.		AFFIDA		Burial 5-3-62 Sunset Burial Fark 50. Bur	is County,	Mo.
	ITEM		BY AI	24	I FUNERAL DIRECTOR ADDRESS JAY B. SMITH, Maplewood, Missouri 25. DATE RECD. BY LOCAL REG. 26. REGIS 7-1-63	STRAR'S SIGNATURE	ha Mil.
ı İ			1-		3/2-	inweg	7 1041

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No
working under my pe	ersonal supervision.		10/2
Student		Signed	Durges
	gnature of Student Embalmer		Licensed Embalmer No. 4629
`	V.	~~ · · ·	P. O. Address Waplewan
Note: The ab	ove MUST BE SIGNED BY	THE LICENSED EMBALME	R in his OWN HANDWRITING. (Failure to comply

If this body is not embalmed, fact should be so stated above.

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